PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number 10665485

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		T	TYPE		OR	OR SMALL EN	
TOTAL CLAIMS			35				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		*:5		Γ	X\$ 9=		OR	X\$18=	00
INDEPENDENT CLAIMS			minus 3 =		*		Γ	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESÉNT							T	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	_	TOTAL		OR	TOTAL	10/0
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
	(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		-	T	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	OLTIPLE DE	PENDEN	CLAIM		Γ	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ODIT. FEE			ADDIT. FEE	·
_	0.5.005.05	(Column 1) CLAIMS		(Colui		(Column 3)	_					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	Γ	X42=		OR	X84=	
L	FIRST PRESE	H	+140=		Ö.,							
										OR	+280=	
l			Αſ	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE					
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/(12-		OR	7.04-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OTAL ADDIT. FEE **OTAL ADDIT. F												
l	The "Highest Nur	nber Previously Pa	id For" (Total o	r Independ	lent) is the	highest number	r found	d in the app	propriate bo	x in co	lumn 1.	